DOCUMENT RESUME

ED 242 695 SP 024 097

AUTHOR Thompson, Dennis N.; Doll, Lynda
TITLE Sex Education: What We Teach Teachers.
PUB DATE Apr 84
NOTE 16p.; Paper presented at the Annual Meeting of the American Educational Research Association (New Orleans, LA, April 23-27, 1984).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Controversial Issues (Course Content); *Curriculum Development; Health Education; Higher Education; Preservice Teacher Education; *Sex Education; *Teacher Education Programs; Teacher Qualifications

ABSTRACT

Inadequate teacher training and the lack of consensus on what constitutes sex education are often cited to explain why few sex education programs are offered in the public schools. A survey of administrative officials at 777 teacher preparation institutions was conducted to examine the number and type of university-level programs designed to prepare teachers to teach sex education. Practicing sex educators were also asked how universities might better prepare teachers. Thirty percent of the 322 responding institutions offered one or more specific courses on the topic. An additional 34 percent included the material in more general courses. Comparison of this data with that from a 1968 survey showed a trend toward offering more specific sex education courses. There still appears to be no consensus as to who should teach sex education, or what constitutes adequate teacher preparation. While practicing sex education teachers are drawn from such diverse backgrounds as music, English, and science, formal coursework is usually offered in the health education curriculum. Also, while teachers emphasize the need for courses on methods, human relations training, value exploration, and parental concerns, the most frequently cited content area in university-level courses is human reproduction. (Author/JD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED242695

SEX EDUCATION: WHAT WE TEACH THE TEACHERS

Dennis N. Thompson

Lynda Doll

Georgia State University

Paper presented at the meetings of the

American Educational Research Association

New Orleans, Louisiana

April, 1984

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☑ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Dennis M. Thompson

Lynda Doll

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

SP024097

In the late 1960's Malfetti and Rubin (1967) argued that there were strong indications that support for sex education programs in the schools would increase. They pointed out that the United States Office of Education, the New York State Department of Education, and the National Association of Independent Schools had already lent strong support to the development of sex education programs across the country. Subsequently, public support has become more in evidence. The Gallup Poll (1978) reported that in 1965, 69%; in 1969, 71%, and in 1977, 77% of the American public favored sex education in the schools The 1966 survey indicated that support was not simply limited to descriptions of physiology and reproduction in these programs, but also included such topics as contraception. In addition, support was coming not just from the well educated upper-middle classes, but from a variety of socio-economic and educational levels.

On the other hand, opposition to sex education programs also continues. One of the most frequently cited arguments of the opposition is that sex education belongs in the home (Scales, 1981). While no one would want to deny the rightful role of parents in educating their children about sex, the available literature raises serious questions abouut the extent to which parents actually carry out their responsibilities. Thornburg (1982) reviewed a series of studies concerning the sources of sex information for young adolescents. The earliest of the studies he reviewed was published in 1967, the most recent in 1979. In all of these studies peers emerged as the primary source of information. In no study cited did as much as 25% of the individuals surveyed report parents as an inital source of information about sex. Sex education programs in schools, however, were reported even less frequently. In addition, the only significant contribution to sex education by the schools reported in these studies was instruction in the prevention of venereal disease.

These indications of limited sex education occur in an era in which adolescents have become more sexually active than ever before. Sorensen (1973) reports that 72% of unmarried adolescent males have had intercourse by age 19. In addition

to being more sexually active, adolescents are initiating sexual activity at an earlier age than before (Thornburg 1982). Zelnik and Kantner (1977) reported that the incidence of intercourse among teenage females increased 30% from 1971 to 1976. In the 1976 sample, 55% of the females involved had experienced intercourse by age 19.

In addition, the literature indicates that many adolescents possess either limited knowledge, or remain outright misinformed about sexuality. Zelnik and Kantner (1972) argue that less than two-thirds of their sample could correctly identify the point in the menstrual cycle during which ovulation occurs. Accurate information concerning the correct use of contraceptives is particularly lacking. All too often withdrawal is thought of as a safe birth control procedure (Serensen, 1973; Zelnik & Kantner, 1977). Sorensen (1973) reports that many sexually active adolescents are not even aware of the availability of many methods of birth control. Zelnik and Kantner also report that while the picture may have improved in recent years, 35% of white adolescents and 42% of black adolescents report they did not use a contraceptive during their most recent intercourse.

More reliable sex information seems to be needed. Shifting the sources of information from peers to parents and to the schools can enhance the reliability of sources. Youth often pay an unfortunate price by entering into sexual relations with limited or inaccurate information. Not surprisingly, the teenage pregnancy rate has become an increasingly serious problem in the United States. The rate is extemely high with about 10% of adolescent females giving birth every year. This resulted in over 554,000 births to adolescent females in 1978, of which 249,100 were to unmarried adolescents (Fact Book on Teenage Pregnancy, 1981).

Currently, high quality sex education programs are offered to only a small percentage of the adolescent population. Fewer than 10% of all teenagers in the United States have an opportunity to participate in a sex education program in school (Scales, 1981). In light of the strong public acceptance of sex education, the question can be asked: Why are there so few sex education programs?

Fifteen years ago in their survey of teacher preparation institutions, Malfetti and Rubin (1967) argued that one of the greatest roadblocks to the development of responsible sex education programs in school systems was the lack of qualified teachers. It is interesting to note that in her recent review of the literature on sex education Rienzo (1981) makes the same point. She argues, for example, that in a recent survey of preservice elementary teachers more than half felt unprepared to handle the subject, and 70% said they would teach sex education only if required to do so. This does not appear to be a problem limited to the United States. Similar arguments were raised concerning difficulties in developing sex education programs in the Ontario Canada public schools (Harold & Benson, 1979) and in schools in Great Britain (Ginzell, 1981).

A second difficulty in the implementation of sex education programs is the lack of consensus concerning what sex education should be. Rienzo (1981) addresses this issue by making several observations about what successful sex education programs should include. She argues that these programs should focus on teaching the skills necessary for responsible and informed decision making. Successful programs should expose students to good decision making models and should encourage students to explore their values and behavior. Students should be given accurate information about acquiring and using contraceptives and should be exposed to the realities of such situations as teenage marriage and parenting. But Rienzo argues that most teachers feel far better prepared to teach anatomy and physiology than contraception and other controversial subjects.

Hamburg (1968) believes that teachers, like everyone else, place the blame elsewhere. Teachers, Hamburg argues, contend that the problem is with their training. They feel that they are simply not prepared to provide leadership in health education in general, or sex education in particular.

It may be that teachers have a point. Fitz-gerald, Fitz-gerald, and Williams (1978) state that no university in this country offers a formal degree program in sex education. Moreover, it has only been during recent years that a person could become certified as a sex educator through a program of the American Association of Sex Educators, Counselors and Therapists in Washington, D.C. In their survey of all existing teacher preparation institutions, Malfetti and Rubin (1967) reported considerable concern about the lack of any clear cut objectives for sex education in teacher preparation programs.

The present survey was designed to explore the current practices and curriculum used in university programs designed to prepare teachers to teach sex education. Questions were asked concerning the extent of the training being offered and the number of teachers being trained. It was hoped that since the time of the Malfetti and Rubin (1967) survey greater clarity concerning the objectives of these programs could be demonstrated.

Method

A questionnaire was sent to the chief administrative officials at each of the 777 teacher preparation institutions listed in the 1980 Directory of the American Association of Colleges for Teacher Education. Three hundred twenty-two (41%) institutions responded. Represented in the survey were institutions from every state except Vermont and Wyoming. Responses were also received from Washington, D.C. and Puerto Rico. Checks with catalogs of educational institutions were used to help confirm the accuracy of the information received.

Results and Discussion

Institutions were asked if they offered a specific course or courses designed to prepared teachers to teach sex education. As many as 97 (30%) of the responding institutions indicated that they did. Of the institutions offering courses, 54 (56%) offer one course, 31 (32%) offer two courses, 9 (9%) offer three courses, and 3 (3%) offer four. The titles and descriptions of the courses reported showed considerable differences in content and emphasis. A survey of the course titles included the following: health and science methods, teaching sex education for teachers, human sexual relationships, clinical techniques, scientific literacy, trends and issues in sex education, look at life, marriage and the family, the biology of sexuality, quality of life, health education in the schools, career development, and curriculum designs. There was even a course on the philosophy of sex. The vast majority of the courses were designed for secondary school teachers in health education. A few of the courses were designed for special education majors, elementary education generalists, home economics majors, and counseling majors.

The institutions were also asked to give some indication of the content of these courses. Nearly all of the institutions offered courses covering biological content including pregnancy and childbirth, male and female anatomy and physiology, psychosexual development, and venereal disease. Topics much less likely to be covered in these courses included discussion of sexual dysfunction, aging and sexual response, cultural variables, laws related to sexual conduct, and population problems. Finally, these institutions were asked what percentage of their students take one or more of the courses. Responses ranged from 1% to 100% with most responding less than 10%. The mean percentage of students taking the courses was 22%. More than 60,000 students were enrolled in the teacher preparation programs of the 97 institutions represented here. Based on the numbers

of students taking these courses, approximately 13,000 students take one or more of the courses designed to prepare them to teach sex education.

Administrators vary in the criteria they use to determine whether students are prepared to teach sex education. For example, one administrator reported that 100% of his graduates were prepared, even though they had been exposed only to biological content: anatomy and physiology, pregnancy, VD, and menstruation. Contrasted to this is the administrator who reported none of his graduates are prepared despite exposure to a specific course in sex education in the schools. A second administrator felt his institution was not doing a quality job even though three courses were offered.

The 225 institutions which do not offer courses intended to prepare teachers to teach sex education were asked if they included subject matter related to sex education in other more general courses. Seventy-six (34%) of the institutions indicated that they did, 150 (66%) said they did not. There was a total of 221 courses offered by the 76 institutions. The institutions were asked if any one of four content areas were covered by the courses: human reproduction, sexual values and morals, family planning, and venereal disease. The two most frequent content areas covered by these courses include human reproduction (73% of the courses), and sexual values and morals (68% of the courses). Family planning was covered in 61% of the courses, and venereal disease in 52% of the courses.

Regional data indicated that the Southeast (26.2%) and the Midwest-Heartland (23.5%) were the least likely to offer any course either general or specific. New England was the region most likely to offer courses. Nearly forty-five percent of the responding institutions from that region offer courses.

State policy on sex education in the schools was not found to be a reliable predictor of sex education instruction at the university level. For example, in

recent years Maryland, New Jersey, and the District of Columbia have required that sex education, or family life education, be taught in the public schools. In addition, Kentucky required sex education in its schools until 1981 (Orr, 1982). Over 50% of the responding institutions in New Jersey and Kentucky offered either general or specific courses, but only 20% of the institutions in Maryland and none of the responding institutions from Washingtion, D.C.

When asked why they do not include courses on sex education, officials from several of the institutions commented that sex education was an inappropriate area of study and irrelevant to the mission of teacher education institutions. More frequently, however, officials cited political pressure. One administrator responded by saying: "Sex education in southeastern Missouri, are you kidding?" Still other officials cited the lack of clarity and guidelines as to who should teach sex education. Questions were raised as to whether this responsibility fell under physical education, health, home economics, or some other area. Until these questions are clarified they saw no reason to enter this area of teacher preparation.

All of the 322 institutions responding to the questionnaire were asked if they planned to develop a new or additional sex education course in the future. Thirteen institutions indicated that they were. An additional five institutions (1.5%) indicated that they were currently offering new courses for the first time. Two institutions indicated that they had dropped all course offerings related to sex education.

As a final check of the data, a random sample of colleges not responding to the survey showed that 60% offered no general or specific course on sex education. This figure was slightly higher than for the responding institutions.

At this point, we were left with more questions than answers. What can universities do to imporve their role in preparing teachers to teach sex edu-

cation? If large numbers of institutions offer no programs or courses, where do teachers who are in the field actually receive their training? In order to help answer these questions we contacted each of the sex education porgrams designated as outstanding by the authors of the Mathtech Study (Kirby, Alter, Scales, 1979). Of the twenty institutions contacted, 14 responded to our inquiry. Most of the respondents were teachers currently teaching in the programs. Teachers were asked where they had received their training and what role formal university level coursework had played. They were also asked how universitites might better prepare teachers to teach sex education.

It was discovered that formal university coursework was not a very good predictor of who was teaching sex education at the elementary or the secondary level. While the majority of teachers in several of these programs had completed at least one university level course in sex education, at least one program reported that only 5% of its teachers had had such training.

Despite the fact that most university level sex education courses are offered in health education programs, only five of the responding programs even preferred certified health education teachers at the high school level. The majority of the programs used teachers with a wide variety of backgrounds including social studies, English, home economics, music, science, psychology, health, physical education, and counseling.

The majority of the programs outlined in the Mathtech Study used their own inservice workshops to train teachers. A major in health education or even formal university coursework in sex education was not a major criteria for selection into these workshops. Teachers who had had a history of excellent relationships with their students and who felt comfortable with the subject matter were much more likely candidates. Coverage in these workshops did cover con-

tent areas, but special emphasis was often placed on value clarification and human relations training.

Respondents were asked what they thought the role of university training for sex education should be. Respondents from several of the programs had difficulty with this question indicating that local workshops were far more effective for the teacher training since there is no national consensus on what sex education is and standards vary from community to community. Several other respondents felt existing university courses on sex education were far too content oriented for the realities faced by the average sex education teacher. Nonetheless, there was a clear consensus concerning the contribution universities could be making. Nearly all of the respondents felt that unviersity training in sex education would be greatly improved by placing more emphasis on two areas of instruction: human relations training and methods of teaching sex education. They felt an essential ingredient of such courses should be to help teachers gain an awareness of their own sexuality and to learn to accept individual differences in their students. Teachers also sought training in value exploration and clarification. Finally, teachers sought additional support in dealing with parents and the community who often have difficult questions concerning the role of sex education in the schools.

Conclusions

There were several limitations to this survey. First of all in our original poll of teacher preparation institutions only 41% of the institutions surveyed responded to the questionnaire. Furthermore, subsequent catalog checks indicated that institutions that already had programs and courses were more likely than others to respond. The results are therefore biased in that direction. Thirdly, some institutions provided much more detail in their responses than did others. The results are therefore general and should not be considered definitive.

While the Malfetti and Rubin (1967) study and the present study are not identical, both surveyed all of the teacher preparation institutions listed in the Directory of the American Association of Colleges for Teacher Education for 1966 and 1980 respectively. It would seem that a few comparisons are in order. In the present survey, 30% of the responding institutions offered courses specifically designed to prepare teachers to teach sex education. This compares with 8% of the responding institutions in the Malfetti and Rubin survey. On the other hand, Malfetti and Rubin reported that 74% of the remaining institutions offer material related to sex education in their more general courses. The present survey indicated that this was the case for only 34% of the respondents. Thus a very large percentage of the institutions responding to the Malfetti and Rubin survey indicated that they covered sex education only in general courses. The present study indicates that the trend has shifted toward offering courses specific to sex education. This trend, on its face, would seem like a step forward.

The universities surveyed however, tend to offer a relative hodge-podge of courses that were reportedly designed to prepare teachers to teach sex education. Course listings were so broad as to suggest that there is no more consensus today as to what constitutes sex education than in the 1960's. Both the teachers and university administrators were aware of this and referred to the continuing "crazy quilt" of courses. Furthermore, most of the teachers surveyed argued for the importance of a methods course, but this was rarely included in university training.

It appears to these authors that there is considerable lack of clarity in this area. Firm conclusions are very hard to come by. Furthermore, we appear to be many years away from reaching any kind of national consensus on what sex education actually is. Given the variety of needs of individual school districts perhaps the most concrete suggestion comes from the teachers themselves. Far

and away, teachers stressed human relations training and values clarification over courses covering content. Teachers felt that the success of sex education programs in the schools was far more dependent on teachers who had a strong rapport with their students and the community than tachers who merely maintain a command of facts. For the immediate future universities might best look to these areas for an overall improvement in sex education training.

REFERENCES

Fitz-gerald, D., Fitz-gerald, M., & Williams, C. (1978). The sex educator: Who's teaching the teacher sex education? American Annals of the Deaf, 123, 68-72.

Gallup, G.W. (1978). Gallup opinion index. Princeton, N.J.: Princeton University Press.

Ginzel, A. (1981, April 24). Teachers need more training. Times Education Supplement, pp. 279-284.

Fact book on teenage pregnancy (1981). New York: The Alan Guttmacher Institute.

Hamburg, M. (1968). Sex education in the elementary school. The National Elementary Principal, 48, 52-56.

Kirby, D., Alter, J., & Scales, P. (1979). An analysis of U.S. sex education programs, Volume I. U.S. Department of Health, Education and Welfare. Atlanta, Georgia: Center for Disease Control, Bureau of Health Education.

Malfetti, J.L., & Rubin, A.M. (1967). Sex education: Who is teaching the teachers? Teachers College Record, 69, 213-222.

Orr, T.R. (1982). Sec education & contraceptive edcuation in U.S. public high schools. Family Planning Perspectives, 14, 304-313.

Rienzo, B.A. (1981). The status of sex education: An overview and recommendations. Phi Delta Kappan, 63, 192-193.

Scales, P. (1981). Arguments against sex education: Facts vs. fiction. Children Today, 10, 22-25.

Sorensen, R.C. (1973). Adolescent sexuality in contemporary America. New York: World.

Thornburg, H.D. (1982). Development in Adolescence. Monterey, Calif.: Brooks Cole.

Zelnik, M., & Kantner, J. (1972). Sexuality, contraception and pregnancy among unwed females in the United States. In C.F. Wesloff & R. Packe, Jr. (Eds.) Demographic and social aspsects of population growth. Washington, D.C. U.S. Government Printing Office.

Zelnik M., & Kantner, J. (1977). Sexual and contraceptive experience4s of young unmarried women in the United States, 1976 and 1971. Family Planning Perspectives, 9, 55-71.

Abstract

Inadequate teacher training and the lack of consensus on what constitutes sex education are often cited to explain why few sex education programs are offered in the public schools. A survey of teacher preparation institutions was conducted to examine the number and type of university-level programs designed to prepare teachers to teach sex education. Practicing sex educators were also asked how universities might better prepare teachers. Thirty percent of responding institutions offered one or more specific courses on the topic. An additional thirty-four percent included the material in more general courses. Comparison of this data with that from a 1968 survey showed a trend toward offering more specific sex education courses. There still appears to be no consensus as to who should teach, or what constitutes adequate teacher preparation. While practicing teachers are drawn from such diverse backgrounds as music, English and science, formal coursework is usually offered in the health education curriculum. Also while teachers emphasize the need for courses on methods, human relations training, value exploration and parental concerns, the most frequently cited content area in university-levels courses is human reproduction.